Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						-	SMALL E	ENTITY	OR	OTHER SMALL E		
FOR I			NUMBE	R FILED	NUMBI	ER EXTRA] [RATE	FEE	1	RATE	FEE
ВА	SIC FEE			्रिक्ट स्ट्राइट क्या का स्ट्राइट स्ट्राइट स्			38		345.00	OR		690.00
то	TAL CLAIMS		30) minus 2	20= • ()] [X\$ 9=		OR	X\$18=	180
IND	EPENDENT CL	AIMS	11.	ン minus	3= 9		_	X39=		OR	X78=	702
MU	ILTIPLE DEPEN	DENT	CLAIM PF	RESENT		,	_	+130=		OR	+260=	
• If	the difference	in colu	ımn 1 is l	less than ze	ro, enter "0"	in column 2	l	TOTAL		OR	TOTAL	1572
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						3)	SMALL E	ENTITY	OR	OTHER SMALL E	ENTITY	
ENT A		REM A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESEN EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total			Minus	**	=		X\$ 9=		OR	X\$18=	
MEI	Independent	·		Minus	***	=	_	X39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	PENDENT CL	AIM	-	+130=		OR	+260=	
							L	TOTAL		ا _ك ا	TOTAL ADDIT, FEE	
	<u> </u>	_(Col	lumn 1)_		(Column 2			ADDIT. FEE			ADDII. FEE	
ENT B		REM A	LAIMS MAINING IFTER NDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESEN		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩ Q	Total	Ŀ		Minus	**	=	[X\$ 9=		OR	X\$18=	_
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Ľ	FIRST PRESE	NTATI	ON OF MI	ULTIPLE DEI	PENDENT CL	.AIM	→ ∤		†	1	+260=	
Ī				•			L	+130=		OR	TOTAL	<u> </u>
Ī								ADDIT. FEE		OR	ADDIT. FEE	
			lumn 1)		(Column 2		<u>13)</u>					
AMENDMENT C		REN	LAIMS MAINING AFTER INDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R PRESEN		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•		Minus	**	=		X\$ 9=		OR	X\$18=	
ME	independent	·		Minus	•••	=	_	X39=		OR	X78=	
Ë	FIRST PRESE	NTATI	ON OF MI	ULTIPLE DE	PENDENT CL	AIM	┙			1		
.,	If the entry in colum	mn 1 i≘	less than #	ne entry in colu	ımn 2. write "0"	in column 3.	Į.	+130=	ļ	OR	+260=	<u> </u>
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." AL						TOTAL . ADDIT. FEE	<u></u>	OR	TOTAL ADDIT. FEE			

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

[&]quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

This For INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE

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	(CALCULATION SHEET)
	,
APPLICATION M	GABER.
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Total Fee Calculation

	∑ m Code	Joul : #Clims	Number Erim y	F 	Ter e tour
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Back Filling Fee	1611101	`	,		690
Total Claims 219	203/103	30	_ <u>[</u>]		100
Edependent Cla <u>ims</u> 23	202702	12	9 x		700
Main Day Cists Press	=: <u>214.01</u> 4				
Sweharps	115715				
English Translation	138				

Fees due	vş ca	Sibpe	la applicació	- .
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Total Filips Fees Dive =	s	1702
Lead Filling Fees Submitted	- \$	
EALANCE DUE	= 2	1702

TOFM ODE. RANGO (Rev